U.S. Department of Veterans Affairs

The Sixth Annual Report of the Advisory Committee on Minority Veterans

July 1, 2000

LETTER OF TRANSMITTAL

The Honorable Togo D. West, Jr.
Secretary
Department of Veterans Affairs
810 Vermont Avenue, N.W.
Washington, DC 20420

Dear Secretary West:

It is an honor to submit the 6th Annual Report of the Advisory Committee on Minority Veterans pursuant to § 544, Title 38, United States Code. The report represents the views and consensus of the Committee on those issues affecting minority veterans. As we have stated in previous reports, many of the issues we have identified impact the entire veterans' community, but the impact on minority veterans is particularly acute and distressful. Our recommendations and suggestions are designed to minimize or eliminate the distress through positive actions that address the root causes of the problems. We view ourselves as partners with the Department of Veterans Affairs (VA), working together to remove barriers to minority veteran's use of VA benefits, programs and services. It is a pleasure to report that the Committee believes that it has inspired the confidence of the Department's staff and field directors, as well as, the veterans' population. We have tried to operate as members of the team aspiring to propose well-thought out solutions to problems we have identified.

This report will focus primarily on the Committee's visit to the Oneida Nation in Green Bay, Wisconsin. Our visits are very valuable in identifying/verifying problems as well as learning of programs and initiatives that are working and are worthy of emulation. The Committee's visit to the Oneida Nation in Green Bay, Wisconsin was highly successful. We were very impressed with the overall organization, partnerships, teamwork and mutual support of the various veterans directors, organizations and individuals at every level in the state of Wisconsin. Governor Thompson set a very positive tone for service and support to veterans with his appointment of a State Secretary of Veterans Affairs with an accompanying budget. He also appointed a tribal coordinator for the Wisconsin Department of Veterans Affairs. This permits all claimants of funding to know the budget cycle and thereby eases the administrative burden associated with submitting budget requests. The details of our visit will be discussed elsewhere in this report, but we thought the overall organization and support were so innovative and so well executed that it merits highlighting in this letter. The issue of service to veterans living is isolated areas remains a problem. The Wisconsin initiatives, with adequate funding, may be a nation-wide solution to this problem. They have used specially configured vehicles to take service to the veterans. The only impediment is funds and weather.

We can say without fear of contradiction that much of the change in attitude and confidence in this Committee stems from your support and the positive action you have taken on our recommendations. For instance, your memorandum regarding Minority Veterans Program Coordinators (MVPC) means they have now come out of the closet and can help their activities achieve the mission of support to veterans. It stimulated action at all levels and has been a source of great relief to MVPCs. The same is true of providing them time to attend important conferences organized and conducted by the VA Center for Minority Veterans (CMV). Not everyone has responded but we are much further ahead than we have been in the past.

We were delighted with your visit to our Committee and to receive affirmation of your support and your guidance. We appreciate you taking time from your busy schedule to speak to us. Your visit certainly confirms our comment to new Committee members that you support our program and charge us with keeping you and the Congress informed on important issues involving veterans in general and minority veterans in particular. Our new Committee members bring some much-needed expertise to the Committee and we appreciate your rapid response to vacancies with new appointments.

This report represents the results of a comprehensive review of all issues identified in previous reports and annotates those that remain unresolved. You may be interested to know that since 1995, the Committee has submitted a total of one hundred eleven (111) recommendations, of which only 18 remain unresolved with five (5) having been forwarded to other Federal agencies. This record could not have been achieved without outstanding support from you, the Center for Minority Veterans and other VA staff and Federal agencies.

The foregoing achievement not-with-standing there remains a few issues in the report that need highlighting in this letter. The issues are as follows:

- Puerto Rican Veterans Service. The plight of the Puerto Rican veterans remains basically unchanged from that described in our previous report. This issue needs to be resolved with priority. The same is true of the Philippine veterans.

- The CMV continues to perform their duties in an outstanding manner. Your authorization of additional positions will assist the CMV in realizing its full potential. It also will help the Center be more diversified. As we, the ACMV, intensify our effort to achieve our mission it would be helpful if the Center had one more position so a staff person could be designated to support our Committee. The workload certainly justifies this request.

- Indian Health Service has not been testing for HIV and Hepatitis C infections because they don't have the funding to provide necessary

care to veterans who test positive. We urge you to work out a solution to this problem with this agency.

- Outreach Programs. Outreach programs need a vast improvement across the board. This area becomes more critical as we attempt to do medical research in the minority community.

- Increase the pay scales for the Board of Veterans Appeals so they can compete with other agencies for appeal judges—we need to at least maintain parity with other agencies in our quest for talented Appeal Judges.

Once again, the ACMV expressed its thanks and appreciation to all VA staff for their cooperation and support. We are especially pleased with the response to problems we have identified. Members of the ACMV are available for special discussion necessitated by our recommendations.

Sincerely,

George B. Price
Chairman

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Report of the Advisory Committee on Minority Veterans

Sixth Annual Report

July 1, 2000

Introduction

The Committee continues working closely with the Center for Minority Veterans to develop a coordinated response to the specific concerns of minority veterans and to implement strategies to accomplish previously established goals, which are to:

Review and analyze the effects of VA policies, programs and procedures on minority veterans,

1. evaluate the needs of minority veterans,

2. develop an evaluation model to measure the effectiveness and efficiency of the Department of Veterans Affairs, and

3. submit recommendations to the Secretary to improve the delivery of benefits and services to minority veterans.

In order to accomplish these goals, the Committee identified and revalidated the following objectives for fiscal years 1997 through 1999. In this regard, the Committee must:

evaluate the health care issues and concerns of minority veterans with emphasis on access, appropriateness, equity and quality of care;

evaluate the effectiveness of outreach programs and services; and

assess the availability of services that are provided to veterans using information obtained from veterans service organizations, community based organizations, tribal governments, and other traditional and nontraditional practitioners who serve veterans.

General Overview

This is the Sixth Annual Report of the Advisory Committee on Minority Veterans. The Committee conducted two mandatory meetings as required by Title 38, United States Code §544. The two meeting were held at VA Central Office, Washington, DC, on January 26-29, 2000, and June 5-7, 2000. The Committee also held a meeting during a visit to Oneida Nation, Green Bay, Wisconsin, on October 27-29, 1999.

The Committee reviewed several program areas during its meetings and received briefings from VA officials on such issues as:

VA Medical Research
Veterans Benefits Administration's Reorganization and Business Re-engineering Processes
VA's Women Veterans Programs
Innovations in Veterans Employment and Training Programs
VA Education Program Evaluation
Readjustment Counseling Programs
VA's Small and Disadvantaged Business Utilization Program
Office of Resolution Management
Minority Health Status from the Office of Minority Health Perspective
Hepatitis C - Diagnosis and Treatment
Update on Puerto Rican Veteran's Concerns

The Committee also reviewed the status of recommendations from previous reports and expressed concerns that several recommendations had not been fully implemented. Selected recommendations are discussed in this report.

The Advisory Committee's Subcommittee on Outreach proposed a site visit to the Oneida Nation, Green Bay, Wisconsin. The Committee unanimously approved the proposal, and the visit was scheduled for October 27-29, 1999. The visit was conducted to assess the effectiveness of services provided to veterans living in the Oneida Nation, Green Bay, Wisconsin. While the principal areas of interest were health care and benefits entitlements, several other areas were examined based on complaints from veterans in the region.

In addition to meetings with VA officials, Committee members met with representatives from the Oneida Nation and officials from the Wisconsin Department of Veterans Affairs. Members also met with veterans and family members in a town hall meeting conducted at the Oneida Nation. The town hall meeting was very informative and was supported by VA facility staff. More than 40 veterans attended the town hall meeting.

Based on a review of budget reports, briefings from VA staff and an analysis of funding in Veterans Integrated Services Network 12 (VISN), the Subcommittee concluded that VA should examine funding for medical care provided to veterans residing in the Oneida Nation. The Subcommittee also found that cultural insensitivity barriers adversely affect veterans from the Oneida Nation when trying to use benefits and other services in Green Bay, WI. Transportation and access to services are major problems for veterans residing in the Oneida Nation, as well as other Native American communities.

These issues (problems) are discussed in more detail in this report and are accompanied by Committee recommendations for improving health care and the administration of benefits to veterans in the Oneida Nation.

Members of the Subcommittee on Outreach expressed concern that the Veterans Benefits Administration (VBA) is not conducting aggressive outreach activities to notify Native American veterans, who are potential beneficiaries, of the Native American Direct Home Loan Program. While VBA has indicated that limitations on resources preclude them from conducting outreach as specified by law, the law has not been change, and therefore the VA do not comply with the provisions of Public Law 105-297. Further, outreach information briefings, to make veterans or their surviving family members aware of existing VA programs and entitlements, are needed to encourage and promote the use of VA programs and services.

The Subcommittee on Benefits and Compensation concluded that the Department of Veterans Affairs has not aggressively supported the Filipino Veterans Benefits Improvement Act of 1999 (H.R. 1594), which contains three major provisions. The provisions are designed to:

provide 100 percent parity for Filipino service-connected veterans residing in the United States who were wounded, injured or imprisoned during World War II (WWII), and who were previously receiving half of the monthly compensation of their American counterparts;

allow WWII Filipino veterans residing in the United States to be eligible for health care at VA clinics and hospitals; and

provide an annual funding of $500,000 to the VA Outpatient Clinic in Manila, Philippines, to treat Filipino veterans.

The Subcommittee expresses serious concern about the administration of VA benefits to WWII Filipino veterans. Seemingly, VA has not taken a supportive position on this issue. Committee members believe that the lack of support and advocacy (by VA) seriously jeopardizes the passage of legislation to provide full benefits to Filipino veterans.

Report on Site Visit --Green Bay, Wisconsin

Overview:

The visit to Wisconsin served to demonstrate what could be achieved when all agencies and activities operate as a team and focus on service to the veteran. We were encouraged by what we heard and saw. In our view, the Wisconsin programs merit emulation in other states and areas. The detached comments from officials briefing are included in the minutes, which are attached. While our focus was on health care, we also reviewed programs relating to other entitlements and supporting programs.

As outstanding as the program in Wisconsin is, certain areas remain a challenge. One that is most difficult to solve is the delivering of service to veterans living in remote areas. They have a specially configured vehicle but even this cannot overcome the winter weather on the peninsula. This issue is one that is a wide spread problem from the islands in the Pacific through Alaska to areas in the South and Northwest. We are actively seeking solution to this problem. We had already identified this issue.

The sharing agreement between the Oneida Nation and DVA for medical service provides a relief for the veteran population. This arrangement should serve to improve the quality of health care.

The plight of homeless veterans and other special need veterans are being met with varying degrees of success. What Wisconsin VSO's have discovered is that once a veteran has been rehabilitated then they need to have a change of environment from the old community or circumstance thy just left. Often the only family support they have is from the veteran community. This has led Wisconsin to provide a fee base domiciliary as part of their overall program. This helps the veterans help themselves and reduces recidivism by changing the living conditions.

An area that continues to be illusive is outreach. The committee vies outreach as the ability of an organization to communicate its programs to the veteran. This means using all means available media, print, visual, oral, town Hall meetings and any other programs developed at the local level to get the word out. We have tremendous research being done but often the results of this research is not being shared with the health care provides at the lowest level. This much information is denied to the provider and the veteran. This area is very weak and needs much intensified management and improvement.

During our visit to Green Bay we also discovered that capable Tribal Veterans Service Officers (VSO's) are not being employed because of a glitch in

the system that makes them temporary employees with the attendant lower pay. While this is qualification driven, the serving staff persons are familiar with the traditions and culture of the native population as well as the population in general thereby enhancing the chances to have a successful program. This committee will investigate the issue of VAO accreditation/certification as well as counselor qualifications further. We will endeavor to clarify this issue and propose solutions.

CONCLUSION:

The ACMV visit to Green Bay, Wisconsin was informative for members, Native American veterans, and other individuals in attendance. The Committee's visit to the Oneida Reservation and conducting the THM proved beneficial to gaining a comprehensive insight to the historical, cultural, socio-political and economic survival of a people. Support of the efforts made by the Center for Minority Veterans and ACMV to visit with the Oneida Nation was well received and appreciated.

We would like to thank the Oneida Nation for its efforts to provide quality services to its veterans as well as to all other veterans seeking assistance.

Special recognition is extended to the Wisconsin Department of Veterans Affairs for its leadership in addressing the issues of Native American Veterans and for establishing the Tribal Coordinator position within the WDVA.

Subcommittee issues developed during this visit are as follows:

Subcommittee on Health Care

Recommend that the VA explore other potential civilian partnerships, which could enhance the accessibility of primary health clinics for all veterans.

- The Subcommittee is concerned with the disproportionate rate of PTSD in minority veterans e.g., Native Americans (52-57%), Hispanics (33%), African Americans (17-19%), and Asians (9%). The disproportionate numbers suggest the need for a strong cultural influence in the clinical programs designed to identify and treat minority patients with this diagnosis. The clinical implications of these disproportionate numbers also strongly suggest the urgent need for a clinical database that accounts for various minority populations.

Recommend that the VA develop and implement an outreach / identification program and a treatment program that is culturally sensitive to each of the specific minority PTSD groups. Also recommend that the VA immediately construct and implement a clinical data base which can distinctly identify each of the minority populations within a clinical diagnosis.

- The Subcommittee commends the efforts of the Center for Minority Veterans (CMV) to educate program coordinators at the 2nd Annual Minority Veterans Program Coordinators' Conference held on October 12-15, 1999, at the DoubleTree in Crystal City, Virginia. This timely conference covered topics such as conducting health fairs, getting the support of station directors, expanding outreach efforts, identifying measurable and reportable care standards, and sharing best practices.

Recommend that the annual Minority Veterans Coordinators' Conference continue to be funded and supported to ensure consistency in and continuous improvement of all programs.

- The Subcommittee supports the new partnership with HCFA which will identified alternative Healthcare financing opportunities for Category VII veterans and their families. Information was distributed to MVPCs about Medicare and Medicaid benefits, extended care programs for the aged or disabled, and children and infant programs. Upcoming HCFA social worker conferences will communicate the needs of Veterans and opportunities to partner on a local level.

Recommend continued sharing of information and resources to provide the most comprehensive program of Healthcare to our Veterans.

- The Subcommittee congratulates Dr. Petzel (VISN Director based in MN) for identifying a clinical access problem within his area and then setting clinical access standards. The following access standards for all treatment facilities.

Recommend a primary care appointment within 30 days of a request.

Recommend a specialty care appointment within 30 days of a request.

Recommend a face to face meeting with the primary care giver within 30 minutes of the appointment time.

- The Subcommittee shared Dr. Cummings' (VISN Director of 7 facilities in IL, WI and MI) concerns about the disproportionate number of minorities within her geographic treatment area. As an example, she noted that 50% of the VA patients in Chicago are African Americans and 70% of all substance abuse patients are from a minority population. Dr Cummings' concerns centered around an unsuccessful outreach program, a staff that is not culturally reflective of the patient population, clinical research programs that do not address potential cultural differences, and a lack of patient education programs that are culturally sensitive to minority populations. The Subcommittee is gravely concerned about the treatment, educational, and research implications of a VA staff that does not reflect the cultural diversity of the patient population that it serves. Of particular concern is the lack of culturally diverse primary care practitioners who are the first line of contact for a patient seeking help. The Subcommittee's recommendations fall into 3 basic categories clinical, education, and research.

Recommend that the VA, specifically the VISNs, ensure that the percentage of minorities on an outreach staff and the primary care givers staff be reflective of the percentages of minority patients within that geographic treatment area. MVPC should be prepared to assist VISN directors in designing programs to help to meet this standard with suggested minority marketing and staff recruitment plans. Obstacles to adhering to this standard should be elevated to the Washington office for assistance.

The VA should establish a cultural sensitivity review policy for each wide-ranging educational program to ensure program success for all populations. Additionally, VISNs should elicit the support of local religious groups, veterans' organizations and community programs to expand their educational outreach and treatment patient database.

The VA should establish a cultural sensitivity review policy for each research program undertaken in the future to ensure that the patient database and therefore results are reflective of the patient population.

- The Subcommittee commends the Milwaukee VAMC director, Glen Grippen for his strong support of his MVPC's efforts to establish a professional and paraprofessional staff distribution that is reflective of the racial make-up of their patient population. The Subcommittee also applauds Mr. Grippen's patient care advances with the use of the electronic medical record, focus on preventive medicine, use of nurse practitioners for primary care, and use of tele-medicine for follow-up care. Even so, the Subcommittee cautions that the cultural diversity of primary care providers, to include nurse practitioners, must be reflective of the patient population. If not, they risk missing the appropriate cultural nuances critical for accurate patient histories, patient treatment plans, and family involvement in a supportive patient care environment. Of further concern is that 30% of minority veterans do not have a telephone which would preclude them being a viable candidate for tele-medicine home care. This discrepancy could lead to skewing program success rates. The Subcommittee has several recommendations related to this discussion.

Recommend that all preventive medicine program initiatives include a cultural sensitivity review to ensure the inclusion of all minority patient populations.

Recommend that the number of primary care givers, to include nurse practitioners staff, be reflective of the proportion of minority patients within that geographic treatment area. This will help to ensure accurate patient histories, as well as culturally sensitive patient treatment plans and family involvement plans specific to each minority patient population group.

Recommend that all tele-medicine patient care programs include a proportionate number of minority patients reflective of that geographical area. If necessary, the VA should provide the telephone equipment needed for equitable participation.

- The Subcommittee on Healthcare has not conducted any field visits since the April 4-9, 1999 Puerto Rico fact-finding visit. The Subcommittee endorses the opening of three additional clinics on the east end of the island which will enhance Healthcare accessibility for all veterans in Puerto Rico. Still, the Subcommittee notes with concern the lack of response to other critical elements of the previous trip report. Therefore, the Subcommittee reiterates the following recommendations and eagerly awaits proactive responses.

Recommend that the Under Secretary for Health establish an inpatient PTSD program in Puerto Rico for veterans residing in the Caribbean region. (Recommendation # 6, The Committee's Fifth Annual Report)

Recommend that the Directors of the San Juan, Regional Office, and the San Juan Medical Center, establish mandatory cultural sensitivity training

for employees at their facilities . The Assistant Secretary for Human Resources and Administration and the Director, VA Center for Minority Veterans, should assist in the development and implementation of the training. (Recommendation #8, The Committee's Fifth Annual Report)

Recommend that the San Juan Regional Office, and Director, San Juan VA Medical Center, conduct more veterans' information forums and town hall meetings in both Puerto Rico and the USVI. The MVPCs at these facilities should be an integral part of the planning and actual execution of town hall meetings and information forums. We applaud the appointment of a half time coordinator at St. Thomas and wish for a comparable appointment or optimally a full time appointment at the San Juan facility. (Recommendation #10, The Committee's Fifth Annual Report.) Additionally the Subcommittee recommends that such meetings include a major healthcare element for general patient education and preventive medicine specifically geared to minority populations.

- The Subcommittee notes with concern an issue raised at the Oneida Nation Veterans town hall meeting. A Native American Veteran spoke of a patient who claims that he had not been informed of his responsibility for a financial co-payment of care received at a Veterans hospital. The patient's treatment bill was eventually referred to a collection agency.

Recommend that all VA treatment facilities document disclosure of a patient's responsibility for co-payment of fees for care. Also recommend that public forums and town hall meetings proactively inform the perspective patient populations of the financial responsibilities of patient care.

- The Subcommittee notes with great concern the patient care issues raised by the June 7-10, 1998 visit to Waco and Temple, Texas.

Recommend a revisit by the Healthcare Subcommittee to document the status of suggested changes noted in the 1998 report to improve the patient care of minority veterans.

- The Subcommittee also expresses concern for the status of healthcare provided to minority veterans who reside in the flood-ravaged regions of North Carolina. Anecdotal evidence suggests that minority veterans residing in outlying areas are having difficulty accessing timely healthcare services.

Recommend a Subcommittee field visit to this area if the preliminary investigations warrant an on site visit.

- Given the large proportion of minority Veterans living in metropolitan areas, the Subcommittee expresses concern for the status of healthcare provided

minority veterans in large cities such as Philadelphia, PA; New York, NY; Newark NJ; and San Francisco, CA.

Recommend on-site visits to these densely populated minority veteran areas to assess the availability, quality, and appropriateness of the VA Healthcare provided.

- The Subcommittee continues to express concern about the status of healthcare available to Minority Veterans now living in the Philippines.

Recommend an on site visit to the Philippines to assess the availability, quality, and appropriateness of the VA Healthcare provided to minority veterans.

Subcommittee on Outreach

During the Advisory Committee on Minority Veterans' meeting in Green Bay, Wisconsin, October 27-29, 1999, guest speakers made the following key points that related to the role of the Outreach Subcommittee:

- The Wisconsin Department of Veterans Affairs (WDVA) plans to purchase a mobile van to take services to veterans living in rural and outlying areas. This "rolling clinic" would be a full-service unit that would be set up to enroll veterans for health care and other entitlements and, at the same time, provide basic health-care services.

- WDVA works closely with the Department of Veterans Affairs in partnering together as a "single network" when reaching out to veterans. This lessens the confusion on the veterans' part as to who is responsible for what, streamlines the delivery of services, speaks to the veterans with a "single voice" on veterans' matters, and avoids duplication of effort. (From the veterans' perspective, whether the servicing agency is at the federal or state level is not a concern to the veterans as long as the receive their benefits.)

- WDVA also makes a constant effort to educate the state's top political officials about veterans' issues. This educational awareness is vital especially awareness is vital especially since the number of veterans in top political and decision-making positions is steadily decreasing.

- WDVA conducts a major outreach program at state fairs and community events, where information is provided to veterans who may be unaware of veterans' benefits and programs. At the state fair, veterans representing the federal and state governments and American Indian tribes are o hand at the booths to provide information.

- The Oneida Nation's sharing agreement with the Department of Veterans Affairs calls for the clinic on the reservation to provide health-care services to veterans living on the reservation. The clinic in turn bills the DVA for services provided. This highly successful arrangement is a great service to the veterans.

- Milwaukee's homeless program called Vets Central (check name) – supported by the WDVA's Veterans Assistance Program – provides temporary shelter for homeless veterans. At this facility, veterans have the opportunity for job training and networking to help them in their job search. By providing these services and a temporary home. Vets Central gives veterans self-worth that help them to re-build their lives.

- Because Category 7 veterans (non-service connected) have been turned away by VA in the past, there is difficulty in re-building their confidence in order to get them to enroll in VA facilities.

- Veterans service organizations are also having trouble getting the work out to their members and other veterans.

The Outreach Subcommittee recommends that:

- The Department of Veterans Affairs should use the WDVA's single-network system in reaching out to veterans as a model for other states to follow in improving their respective outreach programs. The outstanding partnership of the Department of Veterans Affairs and the WDVA at the local level has shown that outreach to veterans can be streamlined into a much more effective system in the delivery of services.

- The Secretary encourage VA facilities to use the Oneida Nation's sharing agreement as a model in developing similar arrangements in order to provide veterans living in outlying areas easier accessibility to health care. A value-added benefit could likely be that the clinics used in these arrangements would be more aware of any cultural sensitivity, thus easing veterans' trepidation about receiving treatment.

- The Secretary should encourage DVA Directors and Chief operating Officers with state politicians, county commissioners and decision-makers to educate them about veterans' issues. This educational awareness is especially critical as the number of veterans in key political and decision-making positions steadily decreases. Therefore, the paucity of those with firsthand knowledge of veterans' matters could greatly affect state legislation to appropriate funding for veterans' programs.

- The Secretary should encourage a sharing agreement with Indian Health Service which calls for outreach clinic on the reservation to provide health-care services to veterans living on the reservation. The Indian Health Service in turn bills the DVA for services provided.

- The Secretary brief Miss America 2000, Heather Renee French – whose platform is campaigning for homeless veterans issues – about minority veterans so that she is fully aware that minorities make up a significant number of the homeless veteran population. As Miss French makes her Miss America visits across the country, the visibility of her position and her influence would highlight the plight of homeless veterans, especially minority veterans, who often hesitate to seek assistance. With Miss French's efforts, those alienated from the mainstream of society can hopefully be brought back into the fold.

- The Secretary provide the Outreach Subcommittee sufficient funds to travel to areas where a high percentage of minority veterans live in outlying areas and outreach to these veterans presents a challenge (e.g., Alaska).

Status of Previous Report Recommendations

Overview:

The Committee decided to request that DVA provide periodic updates on its progress in resolving issues and recommendations presented by the Advisory Committee on Minority Veterans. During deliberations, it was determined that several recommendations were still pending action by VA. The Committee has made 111 recommendations, 18 remain open and 5 are directed to other Federal agencies. After careful review, the committee confirms that the 18 recommendations are still valid and need to be acted on.

The eighteen (18) open recommendations are as follows:

Second Annual Report Recommendations: Three remain open

Number 3. Recognize the appropriate regional and National minority organizations that serve our country's diverse population groups and invite them as genuine partners, consultants, advisors and expert witnesses in enriching the Department's commitment to serve the needs of minority veterans.

Number 7 Direct that ethnic identifiers be included immediately on all appropriate Department application forms, particularly the initial application form completed by all veterans, and be correlated with Department of Defense manpower files and the revisions to the Office of Management and Budget Directive #15.

Number 9 . Authorize and fund a five-member Minority Veterans Review Commission (MVRC), chaired by the Chairman, Advisory Committee on Minority Veterans, with consultative authority and staff support to conduct a series of focus meetings with minority veterans and organizations across the country, to include the Pacific, to determine the blueprint of needs and concerns, as well as recommendations, of all our minority veterans and followed by a conference on the west coast, in the Midwest, and on the east coast to report the findings to our minority veterans. Their report would be presented to you for concurrence and advocacy by 1 March 1998.

Third Annual Report -- Seven remain open.

Number 3 Develop performance rating standards for all VA management personnel (facility directors) that include rating factors to

measure outreach, equality of services, and support to minority veteran programs.

Number 7 Establish wellness clinic outreach programs on Indian reservations.

Number 15 Replicate at other locations around the country the models of the Center for Aging that is being constructed at Tripler Hospital.

Number 18 Initiate activities to insure more standardization of computer systems, and eligibility requirements throughout the VA.

Number 28 Investigate the claim by minority veterans that there are "inconsistencies in rating board decisions for PTSD."

Number 34 Review the SBA veteran loan program and identify obstacles experienced by veterans trying to start businesses.

Number 57 VA should identify tribal veterans representatives to attend the National Veterans Training Institute / Disabled American Veterans Service Officers Academy, University of Colorado, Denver, Colorado, to become certified claims representatives for Indian veterans.

Fifth Annual Report Recommendations:

Number . l appointments, patient privacy, primary care teams management, pharmaceutical services, medical claims reimbursement, beneficiary travel, and implementation of eligibility reform guidance.

Number. Acting Under Secretary for Health establish an inpatient PTSD program in Puerto Rico for veterans residing in the Caribbean region.

Number Directors of the San Juan, VA Regional Office, and the San Juan VA Medical Center establish mandatory cultural sensitivity training for employees at their facilities. The Assistant Secretary for Human Resources and Administration and the Director, VA Center for Minority Veterans, should assist in the development and implementation of the training.

Number. Director, VA Medical Center San Juan, appoint a working group to address and resolve the concerns of blind veterans. The working group should also focus on recommending the best location for ophthalmology services for blind veterans who reside in Puerto Rico.

In addition to the 18 recommendations that are outstanding, the committee recommends that:

-The Secretary works out an agreement with the Indian Health Service to provide proper medical care to veterans on a cost reimbursable basis.

-Outreach programs at all levels be expanded, improved and managed by senior officials until the desired results are achieved.

-The issue of service to Puerto Rican Veterans is escalated so that the Secretary working with the congress can develop solutions. The committee recognizes that service to Puerto Rican Veterans is tied to a larger political issue.

-Increase the business being contracted from minority and women veterans owned businesses.

-Continue to seek ways to deliver service to veterans living in remote areas.

Appendix A

ADVISORY COMMITTEE ON MINORITY VETERANS BIOGRAPHICAL SKETCHES

1. **Bennett, Sr., George J.** Alaska Native (Tlingit)

Mr. Bennett is a Vietnam Army veteran. He currently works as an Interpreter for the National Park Service. He is an experienced Substance Abuse Counselor and Mental Health Outreach Worker. He is experienced in Alaska Native culture, language, arts and tradition. He is a member of the American Legion and the Veterans of Foreign Wars. Mr. Bennett has been involved in veteran's issues for the past 10 years. He resides in Sitka Alaska. (Nominated by the Center for Minority Veterans.)

2. **Cockett, Jr., Irwin K.** Native Hawaiian

He is a Native Hawaiian disabled male Korea and Vietnam veteran who served in the Army. He was commissioned through the Officers Candidate School in August 1952. He retired at the rank of Brigadier General after serving 22 years on active duty and 14 years in the Hawaii Army National Guard. He was appointed Commander, Hawaiian Army National Guard December 1982 and Assistant Adjutant General, Army, State of Hawaii in May 1983. General Cockett retired from the Guard in August 1986. He currently resides in Honolulu, HI.

3. **Chung, David O.** Asian-American

Mr. Chung is of Chinese descent. He is a disabled Vietnam veteran who served in the U.S. Air Force. He is a life member with Disabled American Veterans (DAV) and Vietnam Veterans of America (VVA). He has served on VVA's National Committee on Minority Affairs and as the State Chairman for Minority Affairs, for the State of Indiana. He assisted in a thirty-one-city whistle stop tour of the Vietnam Women's Memorial National Monument from Santa Fe, New Mexico to Washington, DC. He has hosted a veteran's forum on a public access TV talk show that he produced and directed—the show was sponsored by the city of Chicago from 1987 to 1990. Mr. Chung resides in Saint John, IN.

4. **Davila, Antonio** Hispanic American

Mr. Davila has served as the Director, Delaware Commission of Veterans Affairs since 1991. He has experience as an EEO specialist in Worchester Public Schools, Worchester, MA. He taught English, History and Spanish in several school systems. He is an U. S. Air Force veteran who served on active duty from 1964-1968. He has also served in the Massachusetts Army NG (1977-1980), and the USAR (1980 to present). He currently resides in Magnolia, DE.

5. **Duran, Ingrid M.** Hispanic American

Ms. Duran is a peacetime Marine veteran. She currently serves as the Executive Director, Congressional Hispanic Caucus Institute. She has also served as the Director of the Washington, DC Policy Office of the National Association of Latino Elected and Appointed Officials. She worked on Capitol Hill for 6 years; with the clerk of the House of Representatives, the Banking Committee and as a Legislative Assistant to Congressman Gene Green (TX). Ms. Duran served in the Marines from January 1986 to December 1989. She currently resides in Arlington, VA.

6. **Foster, Talmadge C.** African American

Mr. Foster is an Army veteran who served in the military from 1952 to 1955. He organized, planned, and administered the Alabama Veterans Leadership Program (AVLP). AVLP is a non-profit organization that recruits, counsels, trains, and supervises unemployed veterans and provides job placement and referral services. He has served as a member of the Alabama State Board of Veterans Affairs.

7. **Gomez, Gumersindo** Hispanic American

Mr. Gomez is a community activist, Counseling Psychologist, and veteran's advocate. He is currently the Executive Director of the Puerto Rican Veterans' Assoc. of Massachusetts, Inc. He has worked in the VA Vet Center program and Spanish American Union as a caseworker. Mr. Gomez served twenty years in the US Army retiring at the rank of First Sergeant. He currently resides in Springfield, MA. He is the Chairman of the Health Care Subcommittee.

8. **Gorden, Fred A** African American

Mr. Gorden is a retired Army combat Vietnam veteran. He retired with the rank of Major General after 34 years of military service. Prior to his retirement, he served on the Board of Directors, USAA Insurance Company. He is currently employed with the USAA Insurance Company in San Antonio, Texas. He is a graduate of the United States Military Academy, West Point, and has a Masters of Arts Degree in Foreign Language Literature. He currently resides in the San Antonio, TX.

9. **Holden, Terry R.** African American

Mr. Holden is a U.S. Army veteran. He is the Human Resource Director with the Office of Family Support in New Orleans, LA. He is on the Board of Directors for Goodwill Industries of Southeast Louisiana, where he works with disabled and homeless veterans. He is also a member of the Friends of the Library Board of Directors, where he has focused attention on the needs of veterans with literacy problems. Mr. Holden is active in the New Orleans community and is the recipient of the 1999, Charles E. Dunbar Award for his achievements in community services. Mr. Holden is interested in developing communication vehicles that will reach minority veterans. He has been involved in veteran issues for the past 12 years. He currently resides in New Orleans, LA.

10. **Ivarra, Francisco F.** Hispanic American

Mr. Ivarra is a disabled combat Vietnam veteran who was in the US Army, serving from 1968 – 1970. He has extensive experience as a consultant on diversity and, has held numerous positions as an instructor and administrator in the community college and university systems. He has an MA in Sociology from Western Washington University. He is currently the National Commander for the American GI Forum, serves on the Governor's Veterans Affairs Committee and is the Administrative Facilitator for the Seattle VARO Minority Veterans Coordinating Committee. He currently resides in Seattle, WA. *

11. **Lister, Otho** African American

He is an African American male, Air Force, Vietnam era veteran. Mr. Lister retired from the Air Force after 27 years of active service as a Chief Master Sergeant (E9). He is an employment and training specialist and a member of The Retired Enlisted Association (REA). He served as the National President of REA from 1984-1987. He currently resides in Aurora, CO.

12. **Loudner, Don** Native American - Sioux

Mr. Loudner is a 7/8 degree Hunkpati Sioux. He served in the United States Army during the Korean conflict (1950 to 1952) and has 32 years of service in the Army Reserves as a Chief Warrant Officer (CW4). He has worked at the Bureau of Indian Affairs as the Agency Superintendent at the Yankton Sioux Indian Reservation, and served three years as the Commissioner of Indian Affairs for South Dakota. He is currently a Commissioner on the South Dakota State Veterans Affairs Commission. He currently resides in Mitchell, SD.

13. **Metoxen, Gary** Native American - Oneida

Mr. Metoxen is a career Navy veteran. He currently serves as the Chairman of

the Veterans Affairs Committee of the National Congress of American Indians. He is also the Director of the Oneida Nation's Veterans Affairs Office. He currently resides in DePere, WI.

14. **Price, George B.** African American

Mr. Price is a retired Army Brigadier General with over 27 years of military service. After retirement from the active military, he worked in the Telecommunications Industry, providing technical engineering services, and consulting services to clients. He is currently the personal manager of Opera Diva, Leontyne Price. He has served as a board member for Boy Scouts of America, Women's Vietnam Veterans Memorial, Vietnam Veterans Memorial Fund and the ROCKS, Incorporated, a minority non-profit organization comprised of active duty and former military officers. He currently resides in Columbia, MD.

15. **Richie, Sharon Ivey** African American

She is an African American female Vietnam Era, Army veteran. Dr. Richie is a retired Colonel who served 27 years in the Army Nurse Corps. She is currently the President of S.I.R. Consulting and Training. She recently earned a Ph.D. at George Washington University School of Business and Public Management. She serves on the Board of Directors, The Retired Officers Association (TROA), Citrus County. She currently resides in Inverness, FL.

16 **Rollins, Robert L**. African American

He is an African American male, retired, Korean War and Vietnam Army veteran. Mr. Rollins retired with the rank of Lieutenant Colonel after 22 years of service. He is currently the Assistant Vice President for Academic Affairs, Florida A&M University. He serves on the Military Academy Board for Senator Bob Graham. He resides in Tallahassee, FL.

17. **Cavanaugh, Shirley R.** Pacific Island – Japanese American

Ms. Cavanaugh has extensive experience in community relations, media relations, governmental relations, special events and employee communications. She is currently serving as the Communications Director, Office of the President, Hawaii State Senate. She is a member of the Hawaii Governor's Advisory Board on Veterans Services. She has served on the Board since 1993 – and served as the Board's chairperson from 1995 to 1997. She served in the US Air Force from 1967 to 1990.

18. **Doria, Manuel** Asian American – Filipino

Mr. Doria was recruited by the United States Navy in the Philippines, and he retired as a Lieutenant with 23 years of service. He graduated from the National

University in San Diego with a Masters Degree in Business Administration and Public Administration. He was President of the Philippine-American Community of San Diego County, he coordinated the Veterans Forum of Congressman Bob Filner, Lane Evans, Sonny Montgomery and Secretary of Veterans Affairs, Jesse Brown. He was the Chairman of the Subcommittee on Benefits

19. Hernandez, Joaquin Hispanic American

Mr. Hernandez is a disabled Vietnam veteran who served honorably in the United States Marines from 1968 to 1970. He has 27 years of senior level academic administrative and teaching experience in higher educational institutions. He currently serves as Affirmative Action/Staff Development Manager, San Diego Community College District. In 1973, he served as the Director, Office of Veterans Affairs at the University of Northern Colorado at Greeley. He was the Chairman of the Subcommittee on Employment, Training and Rehabilitation.

20. Jacobs, Mark Jr. Native Alaskan – Tlincet

Mr. Jacobs is a World War II veteran and a full-blooded Tlincet Indian. He was born in Sitka, Alaska. He currently serves on the Veterans Affairs Committee of the National Congress of American Indians. He is a life member of the American Legion. He is a member of the Subcommittee on Outreach.

21 **Robson, Joe** Caucasian

He is a Caucasian male, Marine, Vietnam veteran who was honorably discharged in 1970. He also served in the Army Reserves until 1967.
Mr. Robson is an Administrative Assistant for the Veterans Upward Bound program at the University of Arkansas. He is a member of the Veterans of Foreign Wars, American Legion, Vietnam Veterans of America, and the Marine Corps League. He currently resides in Fayetteville, AR. (Nominated by Senator Tim Hutchinson/R-AR)

** Denotes Chairman
* Denotes Vice Chairman

Appendix B

ADVISORY COMMITTEE ON MINORITY VETERANS
MEETING AGENDA
OCTOBER 26-29, 1999
GREEN BAY, WI

Wednesday October 27, 1999

8:00 AM	Opening Ceremony	G. Metoxen	Ontario Room
8:05 AM	Welcome to Oneida Nation	President/Chairman Oneida Nation	
8:15 AM	Call to Order	Chairman Price	
8:20 AM	Minutes of last meeting	J. Hernandez	
8:30 AM	Introduction of New Committee Members	A. Hawkins	
8:45 AM	CMV Update	W. Hensley	
9:30 AM	ACMV 5Th Annual Report Update	A. Hawkins	
10:00 AM	Break		
10:30 AM	State Director of WI Department of Veterans Affairs	Raymond G. Boland	Ontario Room
11:30AM	Lunch	On your own	
1:00 – 2:00 PM	Briefing by Health Care Financing Administration (HCFA)	TBD	Ontario Room
2:00 – 4:00 PM	Tour of Oneida Reservation	G. Metoxen	G. Metoxen to make arrangements
4:00 – 4:30 PM	Open Committee Business	Chairman Price	Ontario Room
4:30 PM	Recess	Chairman Price	

Thursday, October 28, 1999

8:00 AM	Call to Order	Chairman Price	Grand Council
8:05 Am	Administrative Announcements	CMV Staff	
8:15 – 10:15 AM	VHA Health Care Resources VISN Perspective	Dr. J. Cummings VISN 12, and Dr. R. Petzel VISN 13 Directors	Grand Council
10:15 AM	Break		
10:30 – 11:30 AM	VAMC Programs	Glen Grippen Milwaukee VAMC Director	
11:30 AM	Lunch	On your own	
1:00 – 2:00 PM	CBO Activities – NABVETS	Tom Wynn, Exec. Director	
2:00 – 3:00 PM	VA Benefits	Deputy Director John Kuehl	
3:15 PM	Break		
3:30 – 3:45 PM	Subcommittee Assignments	Chairman	
3:45 – 5:00 PM	Subcommittee Breakout Sessions	Subcommittee Chairs (1) Health Care (2) Compensation and Benefits (3) Employment, Training and Rehabilitation (4) Outreach	Grand Council Corporate Brd Rm 123 Directors Brd Rm. 116 Directors Brd. Rm. 117
5:00 - 6:15 PM	Dinner Break	On your own	
6:30 – 8:00 PM	Town Hall Meeting		Site TBA

Friday, October 29, 1999

8:00 AM	Call to Order	Vice Chair Ivarra	Grand Council
8:05 Am	Administrative Announcements	CMV Staff	
8:15 AM	Subcommittee Breakouts	Subcommittee Chairs (1) Health Care (2) Compensation and Benefits (3) Employment, Training and Rehabilitation (4) Outreach	Grand Council Corporate Brd. RM 23 Directors Brd Rm 117 Directors Brd. Rm 116
10:00 AM	Committee Long	Vice Chairman	Grand Council

	Term Agenda Planning		
12Noon	Adjournment	Vice Chairman	
12Noon	Lunch	On your own	
1:00 PM	Return Home		

Appendix C

Advisory Committee on Minority Veterans
Minutes of Meeting
October 26-29, 1999
Green Bay, WI

The following minutes reflect the business conducted during the meeting:

TUESDAY
October 26, 1999

Members of the ACMV traveled to Green Bay, Wisconsin.

WEDNESDAY
October 27, 1999

Mr. Gary Metoxen, member of the ACMV, provided introductory remarks and a brief history of the Oneida Nation. Following, Mr. Gerald Danforth, President / Chairman of the Oneida Nation welcomed the ACMV to the reservation.

The Chairman of the ACMV called the meeting to order at 8:15 a.m. Minutes of the previous May 12-14, 1999, were approved. Introductions of current committee members as well as new committee members were conducted. The Director for the ACMV provided an update of center activities. Mr. Hensley announced that a signed agreement with the Oneida Nation allowing all veterans use of the Oneida Nation Health Care Clinic was in effect. He reiterated the need for additional service centers given the most recent statistics on Post Traumatic Stress Disorder (PTSD) among Minority veterans. Statistics include 52-57% for Native Americans, 33% for Hispanic Americans, 17-19% for African Americans and 9% for Asian Americans.

Mr. Raymond G. Boland, Secretary, Wisconsin Department of Veterans Affairs (WDVA) welcomed the ACMV on behalf of Governor Tommy Thompson. Secretary Boland provided an update on federal law and Department of Defense regulations governing the use of vacant and unused facilities for homeless veterans programs. He noted that minority veterans do not apply for compensation benefits at the same rate as majority veterans. Secretary Boland announced that Governor Thompson had signed legislation establishing the

position of Tribal Coordinator for the WDVA. This position will report to the Secretary and be responsible for all coordination and future initiatives among and between the numerous Native American tribes residing in Wisconsin.

THURSDAY
October 28, 1999

Dr. Robert A. Petzel, Veterans Integrated Service Network (VISN 13) provided an overview of services within the VISN. Covering seven states in the upper mid-west region, much of which is rural, he indicated that Native American constitute the largest minority within the VISN. Dr. Petzel highlighted new goals for increased access to Community Based Outpatient Clinics (CBOC) and stressed that access to care continues to be the number one problem within VISN 13. Under Dr. Petzel's leadership, the number of CBOC's has increased, appointments are within 30 days of request and veterans are seen within 20 minutes of the scheduled appointment.

Dr. Joan Cummings, Director, VISN 12, indicated her difficulty in recruiting minority staff comparable to the minority patient population within the VISN. She indicated that 70% of substance abuse patients are minorities. Homeless veterans constitute a critical problem for the VISN especially when minority veterans/patients are reluctant to participate in research projects. Research fairs have been conducted to address the problem. Dr. Cummings indicated the use of tele-home visits and computerized tele-medicine visits to enhance follow-up care for patients in remote areas. However, 30% of minority patients do not have telephones and are ineligible for care. VISN 12 has conducted various surveys on the quality of care, but Dr. Cummings indicated the results are not racially sensitive.

Mr. Glenn Grippen, Director, Milwaukee VA Medical Center (VAMC), highlighted outreach efforts to un-served and underserved veterans in his area. He indicated that the agreement between the medical center and the Oneida Nation to provide veteran with care at the Oneida Health Clinic is considered a model program. Mr. Grippen indicated that their tele-medicine program is expanding in the areas of home-care and CBOC's. Concern about VA downsizing has adversely affected the recruitment and retention of minority staff members within the medical center.

Mr. John Keil, Special Assistant to the Director, VA Regional Office (VARO), spoke to the issue of involvement with the Oneida Nation in establishing a Veterans Service Officer program. He indicated outreach efforts with other Wisconsin Native Americans were conducted through numerous town hall meetings and planned activities. He plans more outreach activities during 2000. Additional staff is needed to serve the minority veterans population within the VARO.

A Town Hall Meeting (THM) was conducted with ACMV members listening to and addressing concerns of the 40 Native American veterans in attendance. Veterans participating in the THM represented numerous Native American tribes throughout Wisconsin.

(a) ISSUE: Need for a sharing agreement between each Indian reservation.

(b) ISSUE: Need for sharing agreement between Indian Health Service and the Veterans Administration in order to provide effective health services to all veterans.

(c) ISSUE: Lack of explicit communication in explaining fees associated with health services.

(d) ISSUE: Need to restore confidence for category 7 veterans (non-service connected) who have been turned away for veteran services in the past.

Appendix D

Advisory Committee on Minority Veterans
Meeting Minutes
VA Central Office
810 Vermont Avenue, NW Room 830
Washington, DC 20420
June 5-7, 2000

Monday, June 5, 2000

- Welcome by General Price, ACMV Chair.

- Introduction of ACMV committee members by Anthony Hawkins: Chair, George Price; Vice Chair, Francisco Ivarra; George Bennett, Sr; David O. Chung; Irwin K. Crockett, Jr.; Antonio Davila; Gumersindo Gomez; Fred A. Gorden; Terry Holden; Otho Lister; Donald Loudner; Gary Metoxen; Sharon I. Richie; and Robert Rollins.

Absent ACMV committee members: Ingrid Duran; Talmadge Foster; and Joseph Robson.

- Introduction of Visitors: Those from the Organization of Veterans for Benefit Justice in Durham, NC included: Sam Miller, Chair; Howard Davis; Wayne Manley; Milton Harper, Outreach Committee chair; Ronald Bates and Howard Patterson. Also in attendance was Tracy Underwood with the American Legion and Debbie Drake of the White House Office of Veteran Affairs.

- Review of previous minutes by Anthony Hawkins. The minutes were approved as read.

- Federal Advisory Committee Act briefing by Anthony Hawkins. In 1972, the law established19 committees. It also provided oversight for the committees, and ensured standards & operating procedures and public participation. About 1,000 committees are now chartered. Meetings must be announced in the Federal Register at least 15 days before the meeting and must be open to the public. This committee is exempt from signing financial disclosure documents. The committee is required to submit an annual report through the Secretary to the Congress.

- Review of Protocol and Operating Procedures by Anthony Hawkins. A copy of these procedures is available in the meeting workbooks. The ACMV has 18 public members diverse by race, gender, geographical region, and 5 ex-officio members to include representatives from the Secretary of Defense; Health and Human Services, Labor; Commerce; and the office of the Under

Secretary for Benefits & for Health. ACMV was extended and funded until 2003.

- CMV Update by the director, Mr. Willie Hensley. The next Coordinators training conference will be in Pittsburgh, PA on October 15-19, 2000. Although we do not have money in the budget for a conference this year, HCFA (Health Care Finance Administration) will provide $150,000 and we will receive support from the VA Learning University. For the year 2001, the CMV hopes to sponsor its first Summit for Minority Veterans, with breakout sessions for individual races. Planning begins in the next 30 days. They have requested about $200,000 in funds in the current budget and expect 800 veterans. The women veterans' office will host a summit this summer. The CMV will present to the coordinators a model outreach plan for Diabetes and encourage coordinators to sponsor health fairs. Additionally, the CMV will host a Health conference July 20th-21st in West Palm Beach and will publish a directory of the coordinators for Service Organizations and veteran groups. The HCFA partnership is geared to educating veterans about their Medicare options (4,000 veterans were contacted last year and 1,500 thus far this year). Culturally sensitive PSAs (Public Service Announcements) will be coming out for diabetes, digestive and kidney diseases. This program is under the auspices of the National Institute of Diabetes, Digestive, and Kidney Diseases. Initiatives with clinical trails that started with the CMV will be expanded to all veterans soon. Other partnerships include those with the National Cancer Institute; the American GI Forum; and the Indian Health Services. Access to medical care in the Oneida Sharing Agreement includes contract health care on the Uintah/Ouray Indian Reservation; and other agreements. Outpatient clinics are now operational in Sells, & Ganado AZ and Riverton, WY, and Glasgow _____.

  Dr. Richie, ACMV member, shared a new book that can serve as a resource for medical clinics/inpatient wards and VA offices: Culture & Nursing Care: A Pocket Guide by Juliene G. Lipson, Suzanne L. Dibble and Pamela A. Minarik; UCSF Nursing Press ISBN # 0-943671-15-9. It is available for $21.95 + $6.00 UPS by calling 415-476-4992.

- CMV (Center for Minority Veterans) Program Initiatives: The CMV published the demographic compensation & pension study; enhanced the CMV's Website to establish links to other groups; and promoted minority veteran owned businesses by meeting with these businesses to educate them and notify them of pending contracts. The CMV has been authorized two (2) additional staff positions. The Centers objective is to increase the diversity of the staff. The CMV has a schedule of conference calls that are used to keep the veteran community more informed of what is going on and to receive feedback from the field on how our policies are being received and implemented. The CMV is seeking more involvement from VSOs. To assess the effectiveness of the Minority Veterans Program Coordinators programs

(MVPCs) they are now required to submit an annual report to the CMV. This policy is an outgrowth of the Secretary's memorandum of support of this program. The CMV continues to serve as the conscience of the DVA insofar as minority veterans are concerned. The CMV staff encourages all to receive culturally competent health care training.

- CMV Activities include VHA EEO/Special emphasis program managers' training; VBA Opportunity 2000 training program; Day of Honor 2000 project; Pacific American Veterans Roll Call of Honor; Hispanic Summit II; Navajo Veterans Summit; Native American Repatriation conference; and the Pacific Asian American training conference.

- Secretary Togo West's Remarks: The Secretary thanked the ACMV members and the CMV for their commitment to veterans. He noted that the FY2001 budget has the largest percentage increase in VA discretionary funding to include a $1.5 billion increase with $20.3 million for healthcare (this is the largest part of the increase). He also noted a $109 million dollar increase in the budget for claims processing and an increase in staffing of 586 people for this year. This increase combined with the 400-person increase from last year resulted in over 1,000 additional personnel in claims processing within the past year 556,000 veterans died last year (an average of 1500/day), which increases the pressure to provide more cemetery space. They now have six new cemeteries in the planning stages. May 25th was a Day of Honor for WWII veterans and the Secretary attended a White House ceremony to sign a joint resolution recognizing that day. Secretary West asked the ACMV to provide suggestions on how to celebrate this day in the years to come. Secretary West expressed the hope that with the additional budget funding, he would see an increase in access of patients to services and an increase in the access of Minority Veterans Program Coordinators to see their directors. He emphasized that the MVP and MVPC coordinator's work results in enhance delivery of service for all veterans. The Secretary encouraged the committee to be vigilant in reviewing the responses of the various VA services to ensure that the responses address the issues head on and do not skirt the issues. Secretary West reminded the committee that our work is important to the direction VA will go in the future.

- Status of SACMV (Secretary's Advisory Committee on Minority Veterans) Report by Anthony Hawkins: Of the 111 recommendations made since 1995, 18 remain open and five were directed to other Federal agencies. Second annual report: #3 remains open and ongoing, to increase the number of VSOs to be in partnership; #7 directs that ethnic background be identified on all applications---it is still in negotiation to identify which forms need to be changed (need OMB approval); # 9 authorized and funded a MVC review committee to meet with and report on meetings with vets-- this recommendation will be met with the summit. Third annual report July 1997 with 63 recommendations: 7 recommendations are still open; #3 develops

performance rating standards that address support of minority vet programs—this is being fought by some in the VA line officers group; #7 establishes Indian Health Clinics and this is being done; #15 recommendation of the replication of the model for the center for aging at Tripler at other centers--; #18 recommends standardization of computer systems to ensure consistent data collection (this is an ongoing recommendation). #28 investigate the claim of inconsistencies of compensation of PTSD by race and ethnicity. Recommendation #34 reviews the SBA veteran loan program to see if there are problems (referred to the SBA) that may be addressed by PL 106.50. Reference recommendation #57, which was referred to the DOL to ensure the reinstitution of VSO training institute in Colorado for native Americans. Accreditation and certification (phase one has started, phase two is due on board by December and will eventually be four levels) are two different issues and a problem with compensation for their time was referred to the sub-committee for follow-up (and investigation of disparities in pay grades).

- Hershel Gober, Deputy Secretary briefing. The deputy welcomed the new committee members and commended the committee for their hard work. He expressed appreciation for all outreach efforts and encouraged the committee to focus on opportunities to contact new veterans. The Deputy emphasized the "One VA Concept" regarding veteran benefits, healthcare and cemetery services. The Deputy reported that a "smart card" pilot plan is due to him not later that August of this year. The card would contain the basic medical information on the veteran and would facilitate receiving care at any VA medical center. The Committee asked to be kept informed on this project. This could be a valuable tool to be used by Minority Veterans.

- Research Update Cardiac Care & Stroke Risk by Claire Maklan, Ph.D. Chief Scientific Development, Health Services Research & Development Service. Special populations include those who have been historically disadvantaged. Documented variations in treatments include fewer diagnostic therapeutic procedures and more hysterectomies and amputations. 1997 they invited research which would explain the disparities in care and not just describe them. The call for new research also encouraged the use of multiple research methods to include qualitative research. Research challenges include sample size, cost and language barriers. Since 1987, 24 proposals have been reviewed, with 10 studies funded, $6.3 million committed and 3 studies completed. Results showed that fewer African American veterans get knee and hip replacements than white veterans with comparable symptoms and that Hispanics and whites are similar in their reaction to diabetes. A Research Experience Program provides grants and money to students and faculty to encourage more minority folks to go into the research field. Annual updates can be found at the website. The ACMV noted with great concern the research finding which showed that the VA used full abdominal surgical cuts for African Americans who need cholecystectomies (removal of gall bladder) instead of laparoscopies (minimal abdominal incisions) procedures

which is provided to most white veterans. This has implications, which lean toward discrimination of care. The ACMV noted the need for a mechanism to disseminate research findings such as these to the VISNs and medical centers and a mechanism to hold physicians accountable for reviewing the findings to determine their applicability to their facility and if necessary, correcting the problems identified. Web site www.va.gov/resdev.

- Minority Health Care Issues—Global Assessment HHS briefed by H. Kelly, DDS (dentist & public health officer). The Office of Minority Health started with the realization that African Americans disproportionately experienced a higher death rate. It started with 20 people and a $5 million dollar budget in a central office and now is disseminated throughout the HHS system. Now has a 50 million-dollar budget with 60 people (2-3 in 10 regional offices). They "prime the pump." They work with their sister programs to change the content of programs to ensure that there is minority participation. Minorities disproportionately experience disease, disability and death. Minorities also wait longer than others to seek care. Provider stream is not culturally sensitive to patients. Focusing on five goals that deal with cancer, cardiovascular disease, diabetes, HIV and immunizations. These deal with personal practices by the patient. They are victims of cultural, ethnic and racial biases. The website is http://www.omh.gov . Blueprints are coming out in November to spell out how to dispel the disparities in these areas. We need better and closer coordination between the ACMV and Center for Minority Health Care on issues of mutual interest.

- Board of Veterans Appeals Status Report briefed by the Chairman, Judge Clark. Hearings being driven by technology such as hearings being done by video conferencing. Some disabilities preclude the veterans traveling to a distant board site. Video conferencing also used for teaching purposes. Board members are appointed by the Secretary and approved by the President. Announced a tele-commuting program for appeal lawyers to attract new folks and allow them to be competitive. Committee reported anecdotal evidence that there is a difference in time (longer) to adjudicate a minority veterans claim versus white veterans. Mr. Clarke does not have any data that supports this perception. He also noted that the remand rate is now 29% and includes remands because of changes in the law, which happen during the processing time. The Committee noted the difficulty of veterans conveying their feelings using a translator and asked about the Hispanic make up of the Board. Judge Clark reported that one judge is a native Hispanic. The Committee recommended that there be more minority representation on the board and that they consider a mobile appeals board that would take the services to the veteran. Judge Clark noted the difficulty of producing an appeal board judge (10-15 years of experience as an appeals attorney). A visitor noted the inequity in pay for appeals judges and social security administrative law judges (ALJs). Judge Clark noted that he is constantly comparing pay scales and benefits so that he remains competitive.

This was initially corrected through public law passed a few years ago. The Committee recommends parity in pay d benefits for the Board of Veterans Appeals board members.

- **Diversity Training Briefing** by Francisco Ivarra, Vice Chair. The Minority Veterans Committee of the Seattle Regional Office developed a training program for rating specialist that focused on cultural sensitivity.

Tuesday June 6, 2000

- **Hepatitis C Infections** briefed by Dr. Toni Mitchell, Chief Consultant: Most new cases are usually from active IV drug users (numbers dropped 90%), although it can be gotten from a one time use 20 years ago or exposure to blood products. Need to educate providers since now it takes 8-9 visits before the patient is correctly diagnosed. Need a stronger outreach program to get veterans tested who may have this disease. However, for category7 patients there is a disincentive because insurance companies would be notified of the results. The disease can be aggressive or slow growing. Must be abstinent from alcohol for six months and drug free to be eligible for clinical trials. VA has established a clinical council on Hepatitis C. Indian Health service has not been testing for HIV or HCV because it is too expensive. This is morally reprehensible. African Americans and Hispanics have a higher rate of infection and do not respond to therapies as well as whites. The committee suggested using stand-downs to reach veterans for testing and counseling. 62% of all of those who test positive are of the Vietnam Era so those veterans are targeted for testing. 40-60% of the prison system inmates are positive for HCV. A social stigma (especially in a small community) goes with this diagnosis causing a barrier to testing. With veteran patients, there is little crossover between HIV and HCV. Veterans should be eligible for disability while undergoing treatment (1-2 years). The outreach and public relations aspect this program needs improvement. We are not preparing minority veterans for participation in much needed studies.

- VBA Update Road Map to Excellence briefed by Mr. Joe Thompson, Under Secretary for Benefits. The statistics on Minority Veterans presentation is new and they've haven't had much time to analyze all of the material. Roughly the same percentage for troops composition and compensation claims. Home loans data shows participation in VA program but little participation in the Fannie Mae and Fannie Mack programs. Education loans show about the same percentage of use for white, black, Hispanic and other (57.2%-52.7%). Vocational programs show significantly higher rates of use. Mostly those at 20% disability minimum although they will consider those with a 10% disability (and there is a ten year limit which can be appealed). Converting to VGLI upon separation is cost prohibitive. While on active duty 91-96% of each group take the SGLI insurance. VBA outreach efforts for minority veterans include bi-lingual counselors, pamphlets, and applications

as well as putting information online. The committee recommends using alternative job experience instead of masters in education requirement for vocational rehabilitation counselor positions so that more minority persons can qualify. This is very important when trying to staff positions in remote areas.

- Online application (VONAPP-veterans on-line application website) briefed by _____. This will be up in July 2000. You have 30 days to complete the form each time you sign on and make a change in the data. If you do not work on the application within a 30-day window, the application will be deleted. The time allows you to stop and research information required. Two forms to include compensation & pension and the vocational rehabilitation form. The committee noted that this program presupposes that supporting documents will be provided to it's veteran in a timely fashion.

- Cardiac Care Program Evaluation & Education Program Evaluation briefed by Mr. Gary Steinberg, DAS for Planning and Evaluation. There are statutory requirements for evaluation and third party independent assessments of emerging concerns; efficiency & effectiveness; costs; customer participation and satisfaction; organizational alignment and future needs of veterans and their families. 1998-2001 evaluations include education programs (Montgomery GI bill); cardiac care survivor benefits; prosthetics.

- Education Program evaluation briefed by Dr. M. Habibbion. Problems with evaluations include disproportionately low numbers of minorities who participated in the survey. For example, of the 7,000 Asians who used the GI bill, only 117 were located and of them only 23 agreed to participate in the study. Study results showed that African Americans had the most problems finding a job after military service and that they reported that this was related to a lack of proper skills. 45% of AA enrolled in two year programs as opposed to Hispanics or whites who opted four year academic programs. 22% of AA veterans attended private colleges as opposed to 10% of Hispanics and whites.

- Cardiac Care Overview briefed by Dr. M. Amesquita. Concern was expressed by the committee that there be minority participation of the work group. Questions also concerned the source of the ethnic data. The SOW requires analysis of outcomes by race and generally accepted ethnic characteristics.

- Veteran Identity Study briefed by Dr. Nancy Harada and Dr. Donna Washington reported on focus groups stratified on war cohort (WWII & Korea/Vietnam/Gulf War) and race/ethnicity for 4 groups (not enough money to include Native Americans). Content of the discussions included military experience and use of VA services. Total 178 participants in the study. Movie shows excerpts from the different group meetings. Major themes include:

customer service; benefits information & access; medical care (quality and waiting time for an appointment & at the site); VA services; and convenience. Findings showed that race-ethnicity and veteran identity has an impact on perceptions of VA healthcare and Veteran identity frames expectations of the VA i.e., expectation that veterans deserve special privilege from the VA and in a manner that acknowledges their contribution and background. Dr. Harada noted that with their findings, they hope to design an intervention model. Such strategies might include education of employees as to the experiences of veterans by race/ethnicity and guidelines for incorporation into clinical care. The committee strongly recommends that the Native Americans be included as a group and that the study group ensures that the findings are disseminated and used by the providers. The committee also recommends that this study be fully funded on a priority basis.

- Interface of VA computer systems briefed by Antonio Davila ACMV member. He expressed concern with veterans filing computerized claims without the benefit of VSO counseling. Health E-VET is a new program where veterans will be able to input information into a virtual vault. This will be launched in about two years. He also noted that Public Law 106-50 puts funds in the Small Business Administration for veterans to launch businesses.

- National Cemetery Administration briefed by Mr. Vincent Barile, Deputy Under Secretary for Management. They bear all of the costs once the Veterans (and family member) enters the gate. National military cemeteries are not all run by the VA. Three categories of cemeteries include open with in-ground burial or cremation available; cremation only is where there is no room for a casket; closed is still available for a second family member burial. Idaho is the only state without a veteran cemetery either national or state. Four programs include burial space; grants for state veteran cemeteries; furnish headstones & markers; and administer the Presidential Memorial Certificate program (you can get new ones from the most recent president). Their strategy is to develop new cemeteries; extend the service life of existing cemeteries; and encourage states to build veterans cemeteries. If both are veterans, they are entitled to individual spaces and individual markers. There is no restriction on the number of spouses you can have buried with you. New construction of a national cemetery takes 5-7 years. The committee asked if there was any way that a cemetery could discriminate against minority veterans. They were told no the system operates on a first come first serve basis.

- **Alaska Update** briefed by George Bennett, ACMV member. He noted the difficulties of obtaining healthcare because of the size of the State, which requires air transport or long trips by ground/ferry vehicles. He also noted that there are many isolated communities, which make it difficult to reach all veterans. Native American veterans in the southeast are starting to get organized as a group to support each other and become a force to be

reckoned with. The ACMV voted unanimously for a committee visit to Alaska with two stops, one in the South and the other in the Northern part of the State. The committee needs to be more fully informed on the many issues facing veterans in the state of Alaska.

Wednesday June 7, 2000

- **Office of Small and Disadvantaged Business Utilization** briefed by Ms. Wagner. There are 25 million small businesses in the country. Federal dollars are used to help small businesses get started because banks don't believe it is profitable to provide startup monies. The VA's Procurement budget is 5 billion dollars with 500 million for small businesses, $300 million for women, $75 million with _____. HUB zone program gets the monies to disadvantaged companies. Contract bundling has eroded small business opportunities. Public Law 105.135 says that the SBA will establish a program to help veterans—the VBOP (Veterans business outreach program) in four locations (VA, FL, TX, and __). It also had them survey each agency to see what they have done to help the Veterans; however, the survey has not been started yet. Service disabled minority veterans have a funded program to assist them in starting a business. The Chair noted that we must guard against being satisfied with the 10% syndrome. We need to do more in this arena. The committee also expressed concern that there does not seem to be support at the highest level for the SBA's minority veteran programs except for information management and facilities management. The Chair noted unawareness throughout the VA and throughout the agencies about the use of minority small business owners. He recommended more face-to-face meetings with the principles. We believe it would be money will spent to have a small business conference for contrasting officers and small business owners.

- **Status of Puerto Rican Veterans** briefed by MG(R) William Navas (here on behave of Herb Brown). He represents 4 million citizens who are disenfranchised and living in Puerto Rico. They have fewer benefits than the draft dodger that left the country and later returned to the US. He is attempting to get the Congress to sanction options, which will allow Puerto Rico to become a full-fledged state or to grant it independence. Benefits they do not have include the following: they cannot vote for the president; they do not have senators, or congressional representatives, or an ambassador; and although they do not pay taxes, their sons were drafted. By not acting on this, the Congress is perpetuating racism. It should also be noted that about 45% of the folks in Puerto Rico support a political party, which wants to keep the status quo (not making a decision). The committee thanked MG (Ret) Navas for his very informative briefing. We are aware of the plight of Puerto Rican Veterans and addressed this issue in report number 5. Our recommendation remains unchanged.

- **Office of Public Affairs Minority Outreach Plan** briefed by Mr. Scheer. They have put together a database of minority media outlets that can be accessed by zip code or racial/ethnic category. The New York regional office takes key VA stories to the national media for dissemination. The Dallas regional office spearheads work with the Spanish media contacts and translates info sheets. Soon starting an online subscription service to access news release, Q&A sheet, and other information. They provide field support packages to PAOs at the medical facilities. One key issue they are dealing with now includes Hepatitis C. They now have a tool kit for use by PAOs, which thanks veterans for their service. The Veterans benefits book has been translated into Spanish but they have not had the funds to publish this. **The committee recommends that the PAO be funded to publish the benefits book in Spanish and in sufficient quantity for our Hispanic veterans.** The Korean Veteran War commemoration has begun and will go for three years. **The committee recommends that the VA HQS PAO provide to the field PAOs guidelines for a targeted communications plan that correlates the five basic VA Healthcare goals as they apply to the minority community. Additionally the PAO's will assist in disseminating the information about small business loans for minority businesses.**

- **Issues for the next meeting** as briefed by General Price, ACMV Chair. We need to think about how to deal with veterans who do not have a personal stake in getting well because they would loose their disability benefits. We need to review the legal definition of Veteran to be sure it has kept up with our national strategy as it concerns use of Reserve component force. Under the current system reserve component forces could be mobilized for short periods of time, i.e. 90 to 120 days, and not qualify for VA benefits after demobilization because of the short period of time they served. We need to make recommendations to change the law so those veterans are not penalized. Mr. Hensley will share success stories of retroactive disability claims at the next meeting. Mr. Hensley introduced a new staff member, Bill Reyes who will help with database management. He also thanked Mr. Livingston, American Legion; Mr. Fleming, Dept of Commerce, and Mr. Edward Chow, of the office of Planning and Analysis. Mr. Hensley presented certificates of appointment signed by Secretary West to the committee members.

- The meeting was adjourned at 1112 hours.

Respectfully Submitted,

Sharon I. Richie, Ph.D., RN
Colonel, U.S. Army Retired
ACMV Secretary